



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

**05/15/00**

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER</b>	<b>→</b>	<b>NYR000082297</b>
<b>INSTALLATION NAME</b>	<b>→</b>	<b>CENTURY DIRECT</b>
<b>INSTALLATION ADDRESS</b>	<b>→</b>	<b>30-00 47TH AVE 3RD FLOOR LONG ISLAND CITY, NY 11101-3415</b>
<b>MAILING ADDRESS</b>	<b>→</b>	<b>30-00 47TH AVE 3RD FLOOR LONG ISLAND CITY, NY 11101-3415</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866**

**ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949**

**TO: CENTURY DIRECT or Current Occupant  
ATTN: KELLOGG, MICHAEL - CHIEF EXECUTIVE  
30-00 47TH AVE 3RD FLOOR  
LONG ISLAND CITY, NY 11101-3415**



Please refer to Section V. Line-by-Line instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification ☐ B. Subsequent Notification (Complete Item C)

## C. Installation's EPA ID Number

NYR000082297

## II. Name of Installation (Include company and specific site name)

CENTURY DIRECT

## III. Location of Installation (Physical address not P.O. Box or Route Number)

### Street

30-00 47th AVENUE 3RD FLOOR

### Street (Continued)

### City or Town

QUEENS

### State

NY

### Zip Code

11101-3415

### County Code

### County Name

QUEENS

## IV. Installation Mailing Address (See instructions)

### Street or P.O. Box

SAME

### City or Town

### State

### Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

### Name (Last)

Keillogg

### (First)

Michael

### Job Title

Chief Executive

### Phone Number (Area Code and Number)

212-763-0609

## VI. Installation Contact Address (See instructions)

### A. Contact Address Location Mailing

### B. Street or P.O. Box

SAME

### City or Town

### State

### Zip Code

## VII. Ownership (See instructions)

### A. Name of Installation's Legal Owner

AGC MANAGEMENT ATTN A SHAPIRO

### Street, P.O. Box, or Route Number

SAME

### City or Town

### State

### Zip Code

### Phone Number (Area Code and Number)

718-937-8700

### B. Land Type

### C. Owner Type

### D. Change of Owner Indicator

Yes ☒ No ☐

### (Date Changed)

Month Day Year

11 10 99

Address Verified us Post Office

Call George Padilla 202-385-0000 (718) 777-6700



# VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activity

### 1. Generator (See Instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs)

### 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

### Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify \_\_\_\_\_

### 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

- ☐ 4. Hazardous Waste Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

### 5. Underground Injection Control

## B. Used Oil Recycling Activities

### 1. Used Oil Recycling Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

### 2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler  
☐ b. Industrial Boiler  
☐ c. Industrial Furnace

### 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter  
☐ b. Transfer Facility

### 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process  
☐ b. Re-refine

# IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

### 1. Ignitable (D001)



### 2. Corrosive (D002)



### 3. Reactive (D003)



### 4. Toxicity Characteristic



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1.

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

*Michael T. Kellogg*

Name and Official Title (Type or print)

Michael T. Kellogg CEO

Date Signed

5/4/00

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

\*\*\*\*\*  
\* RCRIS: Notification Add/Update Screen 2 \*  
\*\*\*\*\*  
\*EPA ID: NYR000083782 Other ID: Merge Send: Y \*  
\*Date Received(MMDDYY): 011900 Source( N/E/S ): N Non-Notifier Flag: \*  
\*Date Acknowledged (MMDDYYYY): 01192000 Send Acknowledgement: \*  
\*Name of Installation: C F G AGSCB FALCHI LLC \*  
\* Installation Location Address \*  
\*Streets: 31-00 47TH AVE 3RD & 4TH FLOOR FASHION LINE TENANT SPACE \*  
\*City: LONG ISLAND CITY State: NY Zip: 11101 \*  
\*County Code: 081 County Name: QUEENS \*  
\* Installation Mailing Address (Type 'SAME' if same as Above) \*  
\*Streets: 30-00 47TH AVE \*  
\*City: LONG ISLAND CITY State: NY Zip: 11101 \*  
\* Contact Information \*  
\* Last Name First Name Title Phone Address(M,L,O) \*  
\* BEHAN JOHN MANAGER 7189378700 M \*  
\*Streets: 30-00 47TH AVE \*  
\*City: LONG ISLAND CITY State: NY Zip: 11101 \*  
\*Land Type: \*  
\*\*\*\*\*  
\* Enter-Continue F3 - Exit F5 - Prev Screen \*  
\*\*\*\*\*

Gen = 2/R  
WC = DOOR, DOOR 2, DOOR 3  
FOOR 3

Nathan, Please  
Verify, which  
Side of the 3rd  
Floor, they own  
it.  
Geri.

MOVED  
FROM  
3RD FLOOR

This Company have  
3rd + 4th Floor,



```
*****
*                               RCRIS: Notification Add/Update Screen 3                               *
*****
* EPA ID:      NYR000083782      Other ID:                               Source:  N                               *
*
* Owner Sequence Number:      1                                           *
* Ownership:   CFG-AGSCB FALCHI LLC                                         Type of Owner:  P   *
*
*                               Address of Owner                               *
*
* Street: 30-00 47TH AVE                                                    *
* City:   LONG ISLAND CITY          State: NY  Zip Code  11101            *
* Phone:  7189378700                                                         *
*
* Current/Previous Indicator:  CO      Change Date(MMDDYY):               *
*
*
*****
* Enter-Continue      F3-Exit      F4-Exit Group Process      F5-Curr. Owner *
* F6-Prev. Owner      F8-Help      F9-First                    F10-Next      *
*****
```